

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155368		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER  TODD DICKEY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 712 WEST 2ND STREET LEAVENWORTH, IN 47137			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00092421.</p> <p>Complaint IN00092421 Substantiated, Federal/State deficiencies related to the allegations are cited at F282 and F328.</p> <p>Survey dates: July 13 and 14, 2011</p> <p>Facility number: 000490 Provider number: 155368 AIM number: 100291320</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 55 Total: 55</p> <p>Census payor type: Medicare: 11 Medicaid: 36 Other: 8 Total: 55</p> <p>Sample: 3</p> <p>These deficiencies also reflect State Findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/15/11</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Cathy Emswiller RN						
F0282 SS=G	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review, the			F0282	It is the policy of Todd Dickey		08/08/2011

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	<p>facility failed to ensure a resident received respiratory treatments as ordered by the physician, resulting in re-hospitalization for respiratory distress, for 1 of 1 residents reviewed with physician orders for respiratory treatments, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>1. The clinical record of Resident A was reviewed on 7/13/11 at 12:00 P.M. Diagnoses included but were not limited to, Mental Retardation.</p> <p>The resident was readmitted to the facility following hospitalization on 12/29/10. A hospital discharge summary, dated 12/29/10, indicated: "...Diagnoses: 1. Acute aspiration pneumonitis 2. Secondary left lower lobe pneumonia 3. Multifactorial respiratory failure requiring mechanical ventilation 4. Chronic obstructive pulmonary disease...Chronic dysphagia [difficulty swallowing]...requiring...gastrostomy tube (PEG) placement [feeding tube]...Medications on Transfer to the Facility:...DuoNeb nebulizer [breathing treatment] therapy q [every] 4 hours. 13. Pulmicort nebulizer therapy q 8 hours...."</p> <p>A hospital respiratory treatment record, dated 12/29/10, indicated Resident A last</p>				<p>Nursing and Rehabilitation Center to ensure that services are provided by qualified persons in accordance with each resident's written plan of care. Resident A no longer resides in the facility. A one time complete in-house facility audit was completed to ensure that all residents with ordered respiratory treatments were receiving treatments as ordered and treatments were available in medication cart. Any resident found to not have ordered respiratory treatments or not receiving respiratory treatments as ordered, will have a clinical RN assessment and physician notification of any signs of respiratory distress. Facility will seek emergency treatment if needed to nearest emergency room. All nurses were re-educated on facility policy of medication administration procedure including but not limited to use of emergency drug kit, and contacting pharmacy for need of medication from back-up pharmacy. DON/designee will perform weekly audit of availability of respiratory treatments for five residents weekly. DON/designee will perform a weekly audit of five random observations of nurses administering respiratory treatments including documentation on medication administration record. The Quality Assurance Committee will review the results of these audits on a</p>		

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	<p>received a DuoNeb and Pulmicort respiratory treatment at 3:38 P.M.</p> <p>Admission orders, dated 12/29/10, included: "Duoneb mini neb [nebulizer] Q 4 [hours]. Pulmicort nebulizer Q 8 [hours]."</p> <p>Nursing Progress Notes included the following notations:</p> <p>12/29/10 at 8:00 P.M.: "Resting quietly abed. I have checked rsd [resident] frequently. [No] resp [respiratory] distress...."</p> <p>12/29/10 at 11:00 P.M.: "Res [resident] placed on her Rt side...No resp distress noted."</p> <p>12/30/10 at 12:30 A.M.: "Res experiencing resp. difficulty...O2 sat [saturation] 50% on humidifier 28% via trach at 3L/m. Res unresponsive...suctioned per trach...12:40 A.M. [Name of physician] notified. Order rec'd...1:15 A. Res transported to [name of hospital] in [name] ambulance."</p> <p>A Respiratory Treatment Record, undated, included: "1. Duoneb mini neb Q 4 [hours] 6a-10a-2p-6p-10p-2a. 2. Pulmicort nebulizer Q 8 [hours] 8a-4p-12am." The treatment record was</p>				<p>monthly basis for changes or updates, as indicated. Any non-compliance will be addressed by the administrator/DON through 1:1 re-education and/or disciplinary action.</p>		

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	<p>blank, and indicated no treatments were administered.</p> <p>Documentation was lacking in the clinical record that the resident received either the Duoneb or Pulmicort breathing treatments.</p> <p>On 7/13/11 at 1:45 P.M., during interview with the Director of Nursing [DON], she indicated since the resident was not admitted to the facility until 5:30 P.M., the breathing treatment medications would not have been delivered by the pharmacy until 3:00 A.M. The DON indicated the facility did have a back-up pharmacy, and that the nurse would have had to tell the pharmacy which medications she would want delivered immediately.</p> <p>2. On 7/14/11 at 10:00 A.M., the DON provided the current facility policy on "Receipt of Interim/Stat/Emergency Deliveries," dated May 2010. The policy included: "...Facility should immediately notify Pharmacy when Facility receives from a Physician/Provider a medication order that may require an interim/stat/emergency delivery. 2. If a necessary medication is not contained within Facility's interim/stat/emergency supply, and Facility determines that an interim/stat/emergency delivery is</p>						

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F0328 SS=G	necessary, Facility should arrange either: With Pharmacy to include the interim/stat/emergency supply medication(s) in an earlier scheduled delivery or a special delivery, as required, or For delivery by contract courier, or For the medication to be dispensed and delivered by a Third Party Pharmacy to ensure timely receipt...."  This Federal tag relates to Complaint IN00092421.  3.1-35(g)(2)						
	The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.						

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	<p>Based on interview and record review, the facility failed to ensure a resident with a diagnosis of pneumonia and with a recent feeding tube insertion, received breathing treatments as ordered, and received assessment of breath sounds other than at admission, resulting in re-hospitalization for respiratory distress, for 1 of 1 residents reviewed with physician orders for respiratory treatments, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>1. The clinical record of Resident A was reviewed on 7/13/11 at 12:00 P.M. Diagnoses included but were not limited to, Mental Retardation.</p> <p>The resident was readmitted to the facility following hospitalization on 12/29/10. A hospital discharge summary, dated 12/29/10, indicated: "...Diagnoses: 1. Acute aspiration pneumonitis 2. Secondary left lower lobe pneumonia 3. Multifactorial respiratory failure requiring mechanical ventilation 4. Chronic obstructive pulmonary disease...Chronic dysphagia [difficulty swallowing]...requiring...gastrostomy tube (PEG) placement [feeding tube]...Medications on Transfer to the Facility:...DuoNeb nebulizer [breathing treatment] therapy q [every] 4 hours. 13.</p>			F0328	<p>It is the policy of Todd Dickey Nursing and Rehabilitation Center to ensure that residents receive proper treatment and care for the following special services: injections, parenteral and enteral fluids, colostomy, ureterostomy, or ileostomy care, tracheostomy care, tracheal suctioning, respiratory care, foot care and prostheses. Resident A no longer resides in the facility. A one time complete in-house facility audit was completed to ensure that all residents with ordered respiratory treatments had respiratory assessments per facility policy in coordination with respiratory treatments. All nurses were re-educated on facility policy on respiratory assessment in coordination with administration of respiratory treatments. DON/designee will perform a weekly audit of five random observations of respiratory assessments to ensure compliance with policy. The Quality Assurance Committee will review the results of these audits on a monthly basis for any change or updates, as indicated. Any non-compliance will be addressed by the administrator/DON through 1:1 re-education and/or disciplinary action.</p>		08/08/2011

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	<p>Pulmicort nebulizer therapy q 8 hours...."</p> <p>A hospital respiratory treatment record, dated 12/29/10, indicated Resident A last received a DuoNeb and Pulmicort respiratory treatment at 3:38 P.M.</p> <p>Admission orders, dated 12/29/10, included: "Duoneb mini neb [nebulizer] Q 4 [hours]. Pulmicort nebulizer Q 8 [hours]."</p> <p>A Nursing Comprehensive Admission Data Collection and Assessment, dated 12/29/10 at 5:30 P.M., indicated, "...Admitted from [name of hospital]...Respiration: Unlabored, Breath Sounds: Diminished Rt [right] Lt [left], Inability to breath [sic] lying down Yes...Trach: [yes], Suctioning: Yes...."</p> <p>Nursing Progress Notes included the following notations:</p> <p>12/29/10 at 8:00 P.M.: "Resting quietly abed. I have checked rsd [resident] frequently. [No] resp [respiratory] distress...."</p> <p>12/29/10 at 11:00 P.M.: "Res [resident] placed on her Rt side...No resp distress noted."</p> <p>12/30/10 at 12:30 A.M.: "Res</p>						



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	<p>experiencing resp. difficulty...O2 sat [saturation] 50% on humidifier 28% via trach at 3L/m. Res unresponsive...suctioned per trach...12:40 A.M. [Name of physician] notified. Order rec'd...1:15 A. Res transported to [name of hospital] in [name] ambulance."</p> <p>Documentation was lacking in the clinical record that the resident received either the Duoneb or Pulmicort breathing treatments.</p> <p>An EMS [emergency medical service] patient assessment, dated 12/30/10 and untimed, indicated: "...Treatment by EMS...Albuterol x 2, Atrovent x 1...."</p> <p>A hospital nursing patient record, dated 12/30/10 at 1:55 A.M., indicated, "...Chief complaint: Resp Distress/Asthma/URI [upper respiratory infection]...SOB [short of breath] [Yes]...Mild Distress [Yes]...Crackles: Bil [bilaterally]...."</p> <p>A Emergency Physician Record, dated 12/30/10 at 3:20 A.M., indicated, "...Chief complaint: dyspnea [shortness of breath]...Treatment bronchodilator therapy, treatments given: 3...."</p> <p>A hospital "Observation Summary," dated 12/31/10, indicated, "...This individual had been discharged to [name of facility]</p>						

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	<p>on 12/29/10 and I was contacted in the early morning hours of 12/30/10 by the staff indicating that she was poorly responsive, significantly hypoxemic [short of breath] and congested. Reports from EMS and from the Emergency Department staff indicated that she required significant suctioning but after this had been performed she appeared to return to baseline status...The patient's chest x-ray showed no new infiltrates...."</p> <p>On 7/13/11 at 1:45 P.M., during interview with the Director of Nursing [DON], she indicated since the resident was not admitted to the facility until 5:30 P.M., the breathing treatment medications would not have been delivered by the pharmacy until 3:00 A.M. The DON indicated the facility did have a back-up pharmacy, and that the nurse would have had to tell the pharmacy which medications she would want delivered immediately. The DON indicated she did not know if the medications were in the emergency drug kit [EDK]. The DON indicated the resident's lung sounds would have been assessed before and after receiving the breathing treatments.</p> <p>On 7/14/11 at 10:00 A.M., the DON provided a listing of the contents in the EDK box. The contents did include Albuterol for the DuoNeb treatment. The</p>						

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	DON indicated she inserviced nursing on 7/13/11 regarding receiving medications from the back-up pharmacy.  This Federal tag relates to Complaint IN00092421.  3.1-47(a)(6)						